

Human Resources IDEA # _____
Miami-Dade County IDEA Rewards Program/ ESP / Initial Evaluation Form

Congratulations

You have just been selected to evaluate this IDEA. Are you the right person to make a decision over the subject matter of this submittal? Does it relate to something concerning your area of expertise? If not, please call your IDEA Specialist (ESP Department Coordinator) immediately. If so, read on...

Glad to have your assistance with reviewing this IDEA. This Form has been developed to help (not hinder) the evaluation process. If you prefer to respond in a different format be sure to respond to all issues as needed. Start by insuring the **IDEA** is eligible. If you answer yes to any of the questions below, further evaluation may not be needed. Provide any details that would be helpful in preparing a response to the employee submitting the **IDEA** in the lines on page 2 and return the **IDEA** with this form to your **IDEA Specialist** (ESP Departmental Coordinator). **If you deem the suggestion eligible continue as indicated:** (To learn more about the **IDEA Rewards Program/ ESP** refer to AO 7-8.)

ELIGIBILITY

		YES	NO
Was this idea under departmental consideration prior to the date of submittal? If yes, attach documentation identifying dates and individuals involved.			
Is the employee expected or required to make recommendations of the type under consideration as a part of his/her normal job responsibilities?			
Can the employee implement the IDEA without consulting higher authority?			
Was this problem specifically assigned to the employee submitter for a solution?			
Did this IDEA , although not used itself, lead to another solution to the problem?			
Would implementation of this IDEA infringe upon or violate existing County rules, regulations or policies?			
Does the IDEA meet the IDEA Rewards Program/ ESP Rules for Eligibility? If not, check reason for ineligibility below and explain on page 2.			
IDEA Eligibility			
✗Duplicate IDEA	✗Stricter Enforcement of Existing Rules	✗Idea Already in Place	✗Routine Maintenance or Housekeeping
✗Grievance	✗Legislative Court Action	✗Employee Benefits/Salaries	✗Collective Bargaining

Now, do you know if the employee submitting this **IDEA** is eligible? If they are not in your department or under your supervision but **you** have authority to implement this idea, they are probably eligible. Everyone below the level of Division Director is eligible to participate and suggest in the **IDEA Rewards Program/ ESP**. It is only when the employee submitting the **IDEA** can also put an **IDEA** into effect on their own that their eligibility is questioned. Refer to AO 7-8 if for more information. Contact your **IDEA Specialist** (ESP Department Coordinator) if you believe this employee is not eligible. The **IDEA Rewards Program/ ESP** Job Responsibility Form may be helpful in helping you come to a decision in this area.

You have determined the IDEA eligible for evaluation. Will it be trial tested? If so, briefly explain your timeframe and plan for trial testing the **IDEA**. Your positive response will allow the employee to be recognized. If the **IDEA** will not be implemented or trial tested, explain why on page 2. In this case, your response will close the suggestion and initiate a two-year period that allows the **IDEA** to be reconsidered and full **IDEA Rewards Program/ ESP** credit presented.

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When responding to an **IDEA** remember to greet every submittal with an open mind. Employee involvement and participation by our workforce provides the creativity and innovation needed to motivate our diverse complex organization. **You hold the key to this process when you evaluate an employee idea.**

If you have any questions about the **IDEA Rewards Program/** ESP or how to complete the evaluation form, please contact the **IDEA** Manager in Human Resources at 305.375.1364 or your **IDEA Specialist** (ESP Departmental Coordinator).

Additional Details as Information for the **IDEA Maker** (as needed):

RECOMMENDATION
.. Grant IDEA Excellence (Special) Award
IDEA Implemented Since: _____
IDEA Requires Trial Testing
Response Anticipated By: _____

Do Not Grant Award
Explanation Provided

Please print or type details in addition to signatures. IDEA # _____

Title: _____

Department Evaluating: _____

IDEA Expert (Evaluator): _____

Signature: _____

Contact number and e-mail: _____

I have reviewed this evaluation and the suggestion submitted. I agree with the positive/ negative (circle one) recommendation above.

_____ Date: _____

Department Director / Signature

_____ **IDEA Specialist** (ESP Department Coordinator)/ Signature Returned: _____

ATTACHMENT A

IDEA Rewards Program/ESP Initial Eval Form.doc